## ACCIDENT PREVENTION PROGRAM ADMINISTRATIVE PLAN (See Safety Manual EM385-1-1 Pages 2,3,4 & App A Accepted copy must be at work site!

1. Contractor	2. Contract Name & No.		3. Date						
4. Project Superintendent	5. Shift/day	5a. Hours/shift	5b. Maximum employees/shift						
5a Dasariba major saana of work and le	ontion!								
5c. Describe major scope of work and location!									
6a. TRAINING - List subjects to be di	iscussed with e	mployees in safety in	ndoctrination.						
6b. TRAINING - List mandatory training	og and certifica	tions which are annli	cable to this project (e.g., evalosive						
actuated tools, confined space entry, cra	ne operator, di	ver, vehicle operator	, boat captains etc.)						
6c. List major equipment i.e. cranes, doz	zers, vessels etc	Σ.							
6d. List special equipment i.e. radioactive equipment(Moisture Density Gage) etc.									
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Troject.	aporate.		Ellie of Hadiothy.						
8. Who will conduct safety inspection?	Qa Цом		9h Whon						
8. Who will conduct safety hispection?	6a. 110W		ob. When						
9a. Is safety & health policy attached?	9b. Is safety r	program attached?	9c. Day & hour weekly safety meeting						
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6c. List major equipment i.e. cranes, dozers, vessels etc.  6d. List special equipment i.e. radioactive equipment(Moisture Density Gage) etc.  7. Responsibility & Authority - Who is responsible for safety? Project: Corporate: Line of Authority?  8. Who will conduct safety inspection? 8a. How 8b. When  9a. Is safety & health policy attached? 9b. Is safety program attached? 9c. Day & hour weekly safety meeting									

LMN Form 385-43R Aug 99

Proponent: CEMVN-SS

10. How will subcontractor & supplies be controlled?	11. What are their safety responsibilities?								
12. Who will report accidents, exposure data?									
13. MEDICAL SUPPORT. Outline on-site medical support and off-site medical arrangements.									
14. Outline procedures for conducting ha	Who?	When?	How?						
assessments & written certification of PPE									
15. Names of first aid attendants having certificates	Type of cer expiration of		Names of USCG licensed boat operators. Type license & expiration date.						

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On a separate sheet submit your proposed layout o including access roads, haul roads, R.R.s. utilities,		gs and facilities (incl	uding subcontractors) and traffic patterns	
The		will pursi	ue a positive program of training,, inspection	ıs
(Company)	turet Mr. /Mr.			1
and hazard control throughout the term of this con-	tract. Mr./Ms			has
the responsibility and authority for enforcing then	1.			
r				
		COP C	15.	
Contractor's Signature	Date	C.O.R. Signature	and Date	
Contractor's Signature	Date			